

**Certification of Mailing or Facsimile Transmittal**  
 I hereby certify that I have reasonable basis to expect that, on the date shown below, this correspondence is being submitted as indicated below:  
 [ ] mailed or deposited with the United States Postal Service with sufficient postage to first class mail in an envelope addressed to:  
 Mail Stop \_\_\_\_\_ Commissioner for Patents, P. O. Box 1450,  
 Alexandria, VA 22313-1450  
 [X] facsimile transmitted to the U.S. Patent and Trademark Office via fax number (703) 672-9900

Paula Orr  
 Name \_\_\_\_\_ Registration No. (if applicable) \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date: 04/13/2005

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**APR 13 2005**

**IN THE UNITED STATES PATENT & TRADEMARK OFFICE**  
**RESPONSE/AMENDMENT**

Mail Stop Amendment  
 COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an AMENDMENT for the patent application:

Application No. : 09/905,804  
 Applicant(s) : Bewick-Somntag  
 Filed : July 13, 2001  
 Title : Improved Topsheet for Contacting Hydrrous Body Tissues and Absorbent Device with Such a Topsheet  
 TC/A.U. : 3761  
 Examiner : Catharine L. Anderson  
 Conf. No. : 7355  
 Docket No. : 8638  
 Customer No. : 27752

1. ☐ No additional fees (claims fees or extension fees) are known to be required.
2. ☒ The fee has been calculated as shown below:

|   | (Col. 1)                                  |       | (Col. 2)                              | (Col. 3)          | OTHER THAN A<br>SMALL ENTITY |     |
|---|---|-------|---------------------------------------|-------------------|------------------------------|-----|
|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA* | RATE                         | FEE |
| TOTAL                                     | *   | MINUS | **                                    | =                 | x \$ 50 =                    | \$  |
| INDEP.                                    | *   | MINUS | ***                                   | =                 | x \$200 =                    | \$  |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |   |       |                                       |                   | + \$360 =                    | \$  |
|   |   |       |                                       |                   | TOTAL                        | \$  |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

3. ☒ The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated in the above-identified application to preserve pendency of said application. The processing fee under 37 CFR §1.17 has been determined as follows: \$120.00 for a one-month extension of time.

4. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is attached.

- a. ☒ Any patent application processing fees under 37 CFR §1.16.
- b. ☒ Any patent application processing fees under 37 CFR §1.17.

5. The Director is hereby authorized to make any additional copies of this sheet needed to accomplish the purposes provided for herein and to charge any fee for such copies to Deposit Account No. 16-2480.

THE PROCTER & GAMBLE COMPANY

By

Signature

Roddy M. Bullock

Date: April 13, 2005

Customer No. 27752

(Transamd.doc) Revised 12/08/2004

Typed or Printed Name

Registration No. 37,290

(513) 634-0870